

State of Maine, Department of
Professional and Financial Regulation
Bureau of Financial Institutions
Consumer Outreach Program
36 State House Station
Augusta, ME 04333
(207)624-8570 FAX: (207) 624-8590



COMPLAINT FORM

IMPORTANT INFORMATION:

1. **Our authority is limited to those institutions which are chartered or supervised by the State of Maine Bureau of Financial Institutions. If your complaint does not involve an entity that is regulated by the Bureau, the matter will be forwarded to the appropriate governmental regulatory agency.**
2. This form is a guideline. You are not required to complete the entire form in order to receive a response. The Consumer Outreach Specialist will contact you regarding your complaint and can obtain outstanding information at that time.
3. **Do not provide account numbers or social security numbers.** They are not necessary to resolve your complaint.
4. Return the completed form to the Bureau of Financial Institutions at the address above. You may also **copy** and **paste** the form into an email to be sent to bfi.info@maine.gov. Please use our **secure** email option found on our Complaint page.

CONSUMER INFORMATION:

Select: Mr. Ms. Mrs. Miss	Last Name:	First Name:	Middle Initial:
---	------------	-------------	-----------------

Address:		
----------	--	--

City:	State:	Zip:
-------	--------	------

What is the best way to contact you during the day?		
Telephone _____	E-mail _____	Other _____

Is your complaint currently the subject of pending litigation?	
Yes	No

COMPLAINT INFORMATION:

Financial Institution Name:

Address:		
----------	--	--

City:	State:	Zip:
-------	--------	------

Name in which account is listed:	Is this a business or a personal account:	Date of last contact:
----------------------------------	---	-----------------------

Please note that the Bureau, as a regulatory agency, cannot provide legal advice and it does not have the statutory authority to adjudicate factual disputes; those issues are more appropriately handled by the courts. We cannot become involved in complaints where you are represented by an attorney, are in litigation or where issues have been litigated.

Details of complaint including names of employee(s) you have been speaking to:
Remedy sought :

Signature of complainant

Date

Print or type name